

## NEW YORK NEUROLOGICAL SOCIETY.

*Stated Meeting, June 6, 1882.*

Dr. E. C. SPITZKA, President, in the chair.

Dr. GRAEME M. HAMMOND presented a case of Addison's disease in a young woman whose sister at the same time was suffering from progressive muscular atrophy.

The patient with Addison's disease was about twenty-six years of age. She had been suffering for over a year, and had been growing thin and weak. She had occasional remissions. The arms, body, and face were bronzed in different degrees. The nails were non-elastic. The mind was less bright than formerly; the temper irritable.

The sister had suffered from progressive muscular atrophy for about two years. Eighteen months ago she had complete paralysis of the palate, and the muscles of deglutition were markedly impaired. The lips protruded; she soon got tired when talking. The paralysis later invaded the arms and legs. At the present time she falls occasionally when walking. The faradic reaction was normal. The treatment had been static electricity, under which she had markedly improved.

Dr. E. C. SEGUIN related the case of a young lady with symptoms resembling progressive muscular atrophy, though not really so. The speaker said that he was unacquainted with progressive muscular atrophy, beginning in the way described by Dr. Hammond, except in children. He had never seen a case occurring in women of the age of Dr. Hammond's cases. He suggested that it might be a case of chronic polio-myelitis.

Dr. GRAEME M. HAMMOND could not admit that diagnosis in his case. He had two cases of progressive muscular atrophy under treatment, of about the same age with the present patient.

A paper was then read by Dr. N. E. BRILL, entitled "Report

of a case of destructive brain lesion accompanied by color-blindness."

The patient in this case was a man who rather suddenly developed brain symptoms. There was anæsthesia and paresis upon the right side, the loss of sensation being more marked than that of motion. The right hand was parietic.

The urine was alkaline and contained pus but no albumen. Tendon reflexes were more marked on the right side.

After a few weeks symptoms of irritation appeared; hyperæsthesia, restlessness, tinnitus aurium, mind not clear. There was slight amnesic aphasia. Color-blindness developed. He could not tell green from red. There was no limitation of the field of vision. Hemiplegia became well marked. Tremors were present. Patient gradually declined in health and died.

*Autopsy.*—The brain only was examined. The cerebral branches of the carotid and vertebral arteries were found to be healthy. The internal carotids had very rigid walls. Membranes normal. A focus of softening, triangular in shape, was found in the cuneus on the left side. It involved a large part of that convolution. The line of softening was very sharply marked from the healthy tissue, so that the case was one of very purely localized softening. A diagram showing the lesion was displayed. The reader of the paper then went over the literature of the subject, and gave a critical analysis of previous cases reported.

The paper being open for discussion, Dr. HERMANN KNAPP said that he was unable to discuss this paper. It was completely at variance with what he knew about the subject. He wished that the reader had mapped out the visual field. It was, he thought, impossible to conceive of a separate centre for color-perception. He thought, however, that here was a subject for neurologists to work out.

Dr. SPITZKA said that the patient was so dull when examined, that no more accurate knowledge of his visual defects could be obtained than was described.

The paper of the evening was then read by Dr. LEONARD CORNING. It was entitled: "Carotid compression and physiological brain-rest."

The paper being open for discussion, Dr. WM. A. HAMMOND said that while it was necessary to admit the practical facts given by Dr. Corning, he was unable to explain why carotid pressure should check an attack of epilepsy. The primary condition, as

we know, in these attacks, is one of contracted vessels and anæmia. Some time ago he had heard of persons stopping fits by putting rubber bands around the neck. But this was for the opposite purpose of checking the venous flow and thus causing congestion.

Dr. GRAEME M. HAMMOND related the case of an epileptic child, thirteen years of age, which had an aura, lasting about half a minute. He tried carotid compression on one occasion, with the result of completely stopping the fit.

Dr. M. J. ROBERTS related several cases in which he had used Dr. Corning's method and instruments successfully.

The first was a case of congestive headache.

The patient was suffering intensely with severe pain, suffused eyes, etc. A compressor was applied and in forty-five seconds the pain had ceased. The second case was also one of congestive headache, the speaker himself being the sufferer. He applied the truss and in fifteen or twenty minutes he felt relieved and slept.

The third case was one of profuse hemorrhage, following removal of an anterior nasal polypus. The patient was somewhat alarmed. He applied the compressor to the carotid. To his surprise the hemorrhage ceased in one or two minutes.

He had used compression in connection with the administration of ether in ten or twelve cases. In all it seemed to have some decided effect.

The quantity of ether needed was apparently less, and the patients did not struggle so much.

The speaker had used digital compression in the case of a child suffering from convulsions. He was able in this way to control the spasms.

Dr. CORNING said, in concluding, that he was not prepared to say as yet how permanent the value of his treatment in cases of epilepsy would be.

The Society then adjourned.